

ICOI Membership Application

THE WORLD LEADER IN IMPLANT EDUCATION FOR THE ENTIRE DENTAL TEAM

NAME *(As you wish it to appear on membership certificates, website listing, etc.)*

Last Name / Surname _____ *(You will be alphabetized on our website by this name.)*

First _____ Middle Name / Initial(s) _____ Degrees _____

ADDRESS

Practice/Business Name _____

Office Address: _____ Suite _____

City/Province _____ Country _____ Postal Code _____

Telephone _____ Fax _____ E-mail _____

Web Address: <http://www.> _____

Home Address: _____ Suite _____

City/Province _____ Country _____ Postal Code _____

Telephone _____ Fax _____ Personal E-mail _____

Primary Address: Office Home *(for membership website listing, publications and membership mailings)*

EDUCATION

Dental School _____ Degree(s) _____ Date rec'd _____

Technology School _____ Degree(s) _____ Date rec'd _____

Graduate School _____ Degree(s) _____ Date rec'd _____

Specialty _____ Boarded? Yes No

Generalist Oral & Maxillofacial Surgeon Periodontist Prosthodontist

Endodontist Lab Technician Industry Personnel Full-Time Faculty Member

EXPERIENCE IN IMPLANT DENTISTRY

Implant continuing education hours in last 3 years: _____

Experience in implant dentistry: less than 10 cases 25–50 cases more than 100 cases

Involvement with implant dentistry: Surgery Prosthetics Periodontics Technology

Academic Other _____

HOW DID YOU LEARN ABOUT THE ICOI?

Member referral (specify): _____ E-mail Internet Direct mail

Publication Course _____ Other _____

ANNUAL MEMBERSHIP DUES INCLUDE:

- Bi-monthly subscription to our peer reviewed journal, *Implant Dentistry* archived on-line 19+ years
 - Monthly webinars archived on-line
 - A series of E-mails, *www.dentalimplants.com...ICOI Concepts*, clinical FAQ's, case reports & tips, archived on-line
 - Access to ICOI "Members Only" Section
 - International certification program: Fellowship, Mastership and Diplomate credentialing
 - On-line prosthetic patient consent and communication forms
 - Quarterly subscription to *ICOI World News & E-News*
 - ICOI membership listing and link to your practice at www.icoi.org
 - Special member discounts to multiple annual meetings
 - Discounts on textbooks and patient education materials
 - Two (2) certificates of membership - ICOI and IPS (Implant Prosthetic Section)
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INTERNATIONAL MEMBERSHIP DUES - *Valid for 12 months*

*International dues vary from country to country, depending on economic conditions.
For specific dues information, please E-mail the ICOI Central Office at yap@icoi.org.*

Dues Amount: \$ _____

Name of Affiliate Society (if applicable): _____

PAYMENT INFORMATION

We accept MasterCard, Visa and American Express payments via facsimile. Please complete the following and fax both sides of this form to: (973) 783-1175.

MasterCard Visa American Express

Card # _____ Expiration Date _____

Signature _____

You may also send payment in U.S. dollars on an international money order, a postal money order or a check drawn on a U.S. bank.



RETURN THIS APPLICATION WITH YOUR MEMBERSHIP DUES TO THE ICOI CENTRAL OFFICE:
248 Lorraine Avenue, 2nd floor • Upper Montclair, New Jersey 07043-1454 USA
p: (973) 783-6300 • f: (973) 783-1175 • E-mail: yap@icoi.org

FOR COMPLETE MEMBERSHIP INFORMATION VISIT ICOI'S WEBSITE: WWW.ICOI.ORG